PTO/SB/17 (10-08)

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				Complete if Known					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nur		0/599,904-Conf. #6366			
FEE TRANSMITTAL						October 12, 2006			
				First Named Inventor Andrew John EASTON					
For FY 2009				Examiner Name H. Calamita					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1637		and the second s			
TOTAL AMOUNT OF PAYMENT (\$		(\$) 130.00	(\$) 130.00				1009-0119PUS1		
LIFTIANA									
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the	e above-identified depo	sit account, the D	Director is	hereby authorize	ed to: (chec	k all that apply)			
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCU									
1. BASIC FILIN	NG, SEARCH, AND EX	(AMINATION FE	ES		c. Linking		Oliver and the second s		
	FIL	ING FEES	SEA	ARCH FEES	EXAMIN	ATION FEES			
Application T	Vne Foo (\$)	Small Entity	Foo (\$)	Small Entity	Eng (\$)	Small Entity	Face Des	-J (6)	
Utility	<u>ype </u>	<u>Fee (\$)</u> 165	Fee (\$) 540	Fee (\$) 270	Fee (\$)	Fee (\$)	<u>Fees Pai</u>	<u>a (\$)</u>	
•					220	110	<u> </u>		
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity									
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5226									
				52	26				
Each independe				220	110				
Multiple dependent claims							390	195	
<u>Total Claims</u>	Extra Claims		Fee Paid (\$)			Multiple Dependent Claims			
HP = highest num	- or HP = nber of total claims paid for,	if greater than 20.		· · · · · · · · · · · · · · · · · · ·	<u>Fee</u>	<u>• (\$) </u>	ee Paid (\$)		
Indep. Claims				e Paid (\$)					
	- or HP =	X		9.500-0-0-0					
HP = highest num	nber of independent claims p	paid for, if greater tha	n 3.					l	
3. APPLICATIO	N SIZE FEE								
If the specification	ation and drawings exc	ceed 100 sheets c	of paper (excluding electro	onically file	d sequence or o	computer	į	
	ler 37 CFR 1.52(e)), tl				or small ent	ity) for each ad	lditional 50		
	action thereof. See 35		(G) and 3	7 CFR 1.16(s).					
Total Sheet				ditional 50 or frac			<u>Fee Pai</u>	<u>d (\$)</u>	
	100 =	/50 =		(round up to a whol	e number) x				
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00									
Other (e.g., l	late filing surcharge):	1251 Extension	n for res	oonse within fire	st month		130.0	00	
SUBMITTED BY				7.50					
Signature				Registration No. Attorney/Agent)	30,330	Telephone	(858) 792-8	855	
Name (Print/Type)	Leonard R. Svenss	son				Date D	ecember 30	, 2008	